| County/District: | | member to ask if the Cl | D Nurse has responsibility for | r Rabies Human |
|--|--|-------------------------|--------------------------------|--|
| Accreditation Status: Initial Date:Re-Accredi | tation Date: Risk | Assessment and docur | ment under "Other" on Part | A of this form. |
| CD Regional Nurse Consultant Date of An | nual Review | | | |
| Part A: Annual review of all staff in the heal | • | | | |
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| Name: | Check all that apply: ☐ LEAD CD NURSE | NC ED\$\$ | CD COURSE | Review of NC ED\$\$ Activity (\$pecific to Individual) |
| Title: | ☐ General CD☐ TB | ☐ User? | ☐ Completed? ☐ Currently | |
| Telephone: | ☐ STD/HIV/Syphilis☐ Vaccine Preventable | Last Log In: | enrolled? | |
| E Mail: | ☐ Hepatitis B☐ STD ERRN | | session? | |
| | ☐ Other: specify | USER ID | | |
| N | Check all that apply: | NC ED\$\$ | CD COURSE | Review of NC ED\$\$ Activity |
| Name: | ☐ LEAD CD NURSE | ☐ User? | | (\$pecific to Individual) |
| Title: | ☐ General CD☐ TB | | ☐ Completed? ☐ Currently | |
| Telephone: | ☐ STD/HIV/Syphilis☐ Vaccine Preventable | Last Log In: | enrolled? | |
| E Mail: | ☐ Hepatitis B☐ STD ERRN | | session? | |
| | Other: specify | USER ID | | |
| | Check all that apply: | NC ED\$\$ | | Review of NC ED\$\$ Activity |
| Name: | ☐ LEAD CD NURSE | | CD COURSE | (\$pecific to Individual) |
| Title: | ☐ General CD | ☐ User? | ☐ Completed? | |
| | ☐ TB☐ STD/HIV/Syphilis | Last Log In: | ☐ Currently | |
| Telephone: | ☐ Vaccine Preventable | | enrolled? □ Enroll next | |
| E Mail: | ☐ Hepatitis B☐ STD ERRN | | session? | |
| | ☐ Other: specify | USER ID | | |
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| County/District: Accreditation Status: Initial Date:Re-Accreditation CD Regional Nurse Consultant Date of Annual County Description CD Regional Nurse Consultant Date of Annual County Description CD Regional Nurse Consultant Date of Annual County Description CD Regional Nurse Consultant Date of Annual County Description CD Regional Nurse Consultant Date of Annual County Description CD Regional Nurse Consultant Date of Annual County Description CD Regional Nurse Consultant Date of Annual County Description CD Regional Nurse Consultant Date of Annual County Description CD Regional Nurse Consultant Date of Annual County Description CD Regional Nurse Consultant Date of Annual County Description CD Regional Nurse Consultant Date of Annual County Description CD Region CD Region CD Region CD Region CD Reg | ation Date: Risk | |) Nurse has responsibility for nent under "Other" on Part | |
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| Name: Title: Telephone: E Mail: | Check all that apply: □ LEAD CD NURSE □ General CD □ TB □ STD/HIV/Syphilis □ Vaccine Preventable □ Hepatitis B □ STD ERRN □ Other: specify | User? Last Log In: —_// USER ID | CD COUR\$E Completed? Currently enrolled? Enroll next session? | Review of NC ED\$\$ Activity (\$pecific to Individual) |
| Name: Title: Telephone: E Mail: | Check all that apply: LEAD CD NURSE General CD TB STD/HIV/Syphilis Vaccine Preventable Hepatitis B STD ERRN Other: specify | NC ED\$\$ User? Last Log In: // USER ID | CD COURSE Completed? Currently enrolled? Enroll next session? | Review of NC ED\$\$ Activity (\$pecific to Individual) |

| County/District: Accreditation Status: Initial Date:Re-Accreditation CD Regional Nurse Consultant Date of Annual County Description CD Regional Nurse Consultant Date of Annual County Description CD Regional Nurse Consultant Date of Annual County Description CD Regional Nurse Consultant Date of Annual County Description CD Regional Nurse Consultant Date of Annual County Description CD Regional Nurse Consultant Date of Annual County Description CD Regional Nurse Consultant Date of Annual County Description CD Regional Nurse Consultant Date of Annual County Description CD Regional Nurse Consultant Date of Annual County Description CD Regional Nurse Consultant Date of Annual County Description CD Regional Nurse Consultant Date of Annual County Description CD Region CD Region CD Region CD Region CD Reg | ation Date: Risk | |) Nurse has responsibility for nent under "Other" on Part | |
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| Name: Title: Telephone: E Mail: | Check all that apply: LEAD CD NURSE General CD TB STD/HIV/Syphilis Vaccine Preventable Hepatitis B STD ERRN Other: specify | NC ED\$\$ User? Last Log In: // USER ID | CD COURSE Completed? Currently enrolled? Enroll next session? | Review of NC ED\$\$ Activity (\$pecific to Individual) |
| Name: Title: Telephone: E Mail: | Check all that apply: LEAD CD NURSE General CD TB STD/HIV/Syphilis Vaccine Preventable Hepatitis B STD ERRN Other: specify | NC ED\$\$ User? Last Log In: // USER ID | CD COURSE Completed? Currently enrolled? Enroll next session? | Review of NC ED\$\$ Activity (\$pecific to Individual) |

| County/District: | | * Remember to ask if the CD Nurse has responsibility for Rabies Human |
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| Accreditation Status: Initial Date: | Re-Accreditation Date: | Risk Assessment and document under "Other" on Part A of this form. |
| CD Regional Nurse Consultant | Date of Annual Review | |

Part B: Agreement Addendum Assessment AA 510/536/541

| Agreement Addenda Criteria FY 2011-12 Communicable Disease Branch - #510/ #536 / #541 | Yeş | No | Comments/Monitoring Source |
|---|-----|----|---|
| (510) Within one (1) month of receiving notification of a reportable communicable disease or condition, the LHD will assure that investigation and reporting to the NC DPH via NC EDSS is complete. | | | Monitored Via NC EDSS Reporting |
| (510) LHD must have a minimum of two staff who have attended and completed DPH provided NC EDSS training. No training is to be done internally by LHD staff. | | | Document in Part A |
| (510) LHD must have a minimum of two staff members who are currently "active users" (i.e., the ability to log into system has not been deactivated). | | | Document in Part A |
| (510) LHD must delegate oversight responsibility to a <u>nurse</u> who will be responsible for regularly monitoring all STD and other CD disease events via regular review of NC EDSS events and workflows. This nurse must be trained in NC EDSS, and be knowledgeable of the current NC Communicable Disease Manual and the current NC Sexually Transmitted Disease Manual. | | | Document name of nurse with oversight responsibility here and provide email address and work telephone: |
| (510) LHD agrees to monitor and manage workflows in a timely manner (optimally, on a daily basis). | | | Monitored via NC EDSS Review by CD Nurse Consultant |
| (510) LHD agrees to enter into NC EDSS, in a timely manner, all paper laboratory reports and physician reports it receives. Reports for patients outside the jurisdiction of the LHD should be entered into NC EDSS then transferred electronically to the appropriate jurisdiction. (Reports will not be mailed, faxed or e-mailed.) | | | Monitored via NC EDSS Review by CD Nurse Consultant |

| County/District: | | * Remember to ask if the CD Nurse has responsibility for Rabies Human |
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| Accreditation Status: Initial Date: | Re-Accreditation Date: | Risk Assessment and document under "Other" on Part A of this form. |
| CD Regional Nurse Consultant | Date of Annual Review | |

| Agreement Addenda Criteria FY 2011-12 Communicable Disease Branch - #510/ #536 / #541 | Yes | No | Comments/Monitoring Source |
|--|-----|----|--|
| (510) Sharing NC EDSS user account information such as user name and password is strictly prohibited. Every NC EDSS user must have his/her own account. Every user must have a functioning LHD email account so he/she may receive system updates distributed via email. | | | Monitored via NC EDSS Review by CD Nurse Consultant |
| (510) LHD agrees to notify DPH immediately when a user no longer needs access to NC EDSS, either through attrition or transfer to a position unrelated to CD or STD surveillance. DPH reserves the right to disable the accounts of users who are unable to demonstrate competency using NC EDSS software. | | | Monitored via NC EDSS Review by CD Nurse Consultant |
| (510) LHD agrees to develop and implement a policy incorporating all of the aforementioned items. Policy will be electronically available to Regional Communicable Disease Nurse Consultant upon request. | | | Annual review: LHD to provide consultant with copy of policy. Sample policy can be found in NC Communicable Disease Manual In 2013 request that LHD re-sign 2013 NC EDSS MOU |
| (536/541) All LHDs will have policies and procedures electronically available that address the following areas of STD Program Services: • Overview of the STD Program: The overview should be in narrative form and should | | | Annual Review: LHD to provide consultant with copy of policy. Sample policy can be found in NC Communicable Disease Manual and the NC STD Public Health Program Manual |
| identify target population, deliverables, and location of services Clinical Service Staffing Clinical Service Staff Qualifications | | | |
| Clinical Service Staff Orientation | | | |
| Clinical Service Staff Development | | | |
| Examination, Testing, Treatment, Counseling and Referral | | | |
| NC EDSS Reporting | | | |
| Outreach Services within the Community | | | |
| (541) Client-centered counseling based on the State Counseling, Testing, and Referral (CTR) Curriculum must remain available for clients who are HIV positive, or for any other client who requests this service. Each health department should have at least two people trained at all times to meet service delivery needs. All health department staff providing positive HIV test results to clients must attend the CD Branch-sponsored CTR training. | | | Document names of staff with CTR training & responsibility here: |
| (536) Among clients of family planning and STD clinics, the proportion of clients with positive chlamydia trachomatis (CT) tests who are treated within 14 and 30 days of the date of specimen collection. | | | Monitored Via NC EDSS Reporting |

| County/District:Re-Accreditation Date: | | | the CD Nurse has responsibility for Rabies Human document under "Other" on Part A of this form. |
|---|--------------|-----------|---|
| CD Regional Nurse Consultant Date of Annual Review | піж Азезі | | document under Other on Part A of this form. |
| Part C: Screening Tool for STD Clinical Services – supplement to | o 2013 STD N | Monitorii | ng Visit Tool |
| Agreement Addenda Criteria FY 2011-12 | | | Comments/Monitoring Source |
| Communicable Disease Branch - #536 / #541 | Yes | No | (Directly observed or discussed with LHD staff on Annual Review) |
| Use of 2010 CDC STD Treatment Guidelines | | | |
| Standing Orders in NC Board of Nursing format and signed | | | |
| Access to care within 1 workday | | | |
| Perform stat urethral gram stains and wet preps on site when required for diagnosis of sexually transmitted infections. Counties reporting < 50 (fifty) cases of gonorrhea per year are exempt from the stat gram stain requirements. | | | |
| Perform stat qualitative serologic tests for syphilis (STS) on site if the Local Health Department is in a county with 20 cases of early syphilis reported during the previous 12 months and/or annualized primary and secondary | | | |

syphilis rate of >20 cases per 100,000.

| County/District: | | * Remember to ask if the CD Nurse has responsibility for Rabies Human |
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| Accreditation Status: Initial Date: | Re-Accreditation Date: | Risk Assessment and document under "Other" on Part A of this form. |
| CD Regional Nurse Consultant | Date of Annual Review | |

| Agreement Addenda Criteria FY 2013-14 Performance Measures | Yes | No | Comments/Monitoring Source |
|--|-----|----|---|
| (536/541) Timely treatment of women with chlamydia or gonorrhea in <u>any health department clinic</u> (≥ 85% treatment rate within 14 days of specimen collection; 95% or more of the clients should receive appropriate treatment within 30 days of the specimen date). | | | Monitored via NC EDSS reporting |
| (536/541) Availability of clinic hours and accessibility to appropriately trained staff are adequate to meet the needs of the number of clients requesting STD services. | | | STD Services Access/Availability Data submitted electronically annually by January 15 for the prior year. |
| (536/541) LHDs will insure that STD Enhanced Role RNs (STD ERRN) maintain competency to perform evaluation, testing, treatment, counseling and referral through LHD QA process and CDB Nurse Consultant monitoring. | | | STD ERRN Continuing Education and Skill Maintenance Verification submitted electronically annually by January 15 for the prior year |
| (541) LHDs receiving 541 funds must use all funds to enhance HIV education, counseling and testing. | | | LHDs must submit a report detailing the HIV services that 541 funds were used to support. Request report annually from LHD based upon FY. |
| Other STD Testing and Pregnancy in LHDs: 1. syphilis, gonorrhea & chlamydia at 1 st prenatal visit 2. syphilis between 28-30 weeks & delivery 3. gonorrhea and chlamydia in women ≤ 25 years of age in the 3 rd trimester or at delivery if not tested during 3 rd trimester | | | Policy and Medical Record Documentation |
| HIV testing and pregnancy: 1. Offer all clients HIV testing at 1 st prenatal visit | | | Policy and Medical Record Documentation |
| Attending physician will test pregnant woman for HIV unless client refuses (If at L&D there is no record of HIV testing during current pregnancy, physician informs the client that HIV testing will be done.) | | | Confirm that the health department has verified that testing is performed at time of delivery if there is no record of testing. |
| HIV/STD Services are offered at no cost to the client. Exceptions: Asymptomatic clients who request screening for non-reportable diseases; clients who receive follow up treatment of warts after diagnosis is established; clients requesting testing not offered by the state. | | | Policy |

| County/District: | | * Remember to ask if the CD Nurse has responsibility for Rabies Human |
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| Accreditation Status: Initial Date: | _Re-Accreditation Date: | Risk Assessment and document under "Other" on Part A of this form. |
| CD Regional Nurse Consultant | Date of Annual Review | |

Part D: Best Practice Recommendations

| Best Practice Recommendation | Yeş | No | Comments/Monitoring Source |
|--|-----|----|---|
| Local Self-Assessment tool has been utilized | | | LHD should provide a copy of the assessment to the consultant |
| Marketing | | | |
| Health department has a plan for marketing HIV/STD services | | | Read marketing plan |
| Health department has relationships with all Federally Qualified Health Centers (FCHC), Community Health Centers (CHC), free clinics and urgent care facilities in the county/health district | | | Discuss with LHD staff on Annual Review Name the FQHCs and look a likes operating in the county |
| Surveillance | | | |
| Health department has a policy and procedure electronically available that addresses the utilization of DIS as part of an outbreak response | | | Review P & P |
| Training | | | |
| Job descriptions for staff include: [] Qualifications and training requirements for each job [] The role each job plays in the operation of the clinic [] A description of the tasks required for each job [] The mechanism for performance evaluation [] Attitudes expected to be conveyed to clients | | | Review Job Descriptions |
| Formal orientation is available for new staff in HIV/STD setting | | | Review Orientation Documents or discuss with LHD staff on Annual Review |
| Training needs of staff are assessed and addressed | | | Review Staff Training Assessments & How Needs are the Response to the Assessment |
| Information is communicated to all staff through predictable channels | | | Review minutes and memos and discuss with LHD staff on Annual Review |

| County/District: | | * Remember to ask if the CD Nurse has responsibility for Rabies Human |
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| Accreditation Status: Initial Date: | Re-Accreditation Date: | Risk Assessment and document under "Other" on Part A of this form. |
| CD Regional Nurse Consultant | Date of Annual Review | |

| Best Practice Recommendation | | No | Comments/Monitoring Source |
|--|--|----|---|
| Health department has a policy electronically available that addresses preceptorship for STD ERRNs | | | Review Policy |
| Health department has a policy electronically available that addresses preceptorship for all new clinicians | | | Review Policy |
| Health department has a policy electronically available that addresses direct observation of ERRN practices at least annually | | | Review Policy |
| Quality Improvement Activities | | | |
| Health department collects and evaluates client satisfaction data for STD services | | | Review data and discuss with LHD staff on Annual Review |
| Health department has a process for managing the significant client complaints about clinical services | | | See complaint process documentation and discuss with LHD staff on Annual Review |
| Other Documents | | | |
| Procedure for preventing and handling exposure of clients/staff to HIV / Hepatitis B /Hepatitis C virus | | | Review Policy and Procedure |
| Procedure for appropriate handling of violent or abusive situations | | | Review Policy and Procedure |
| Policy stating a) the provisions of the state child abuse and neglect statute and health care providers' obligations for reporting, b) appropriate staff response to alleged/suspected abuse of client and c) appropriate staff response to a positive STD lab result on a minor | | | Review Policy and Procedure |